

# BEST AVAILABLE COPY

## UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. \_\_\_\_\_

Publication Date A

Publication No. WO 01/1 PCT/RO/101 \_\_\_\_\_

Copy of ISR IP, Copy of IPER EP

Assignee information: \_\_\_\_\_

Priority Info: Country GB No. 0216356.6 date 7.13.02 MORE (turn over)

Correspondence checked: AD256

Inventor Name checked: F Michael J L SINCLAIR

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT \_\_\_\_\_ Language \_\_\_\_\_

Copy of ISR: ☒

Copy in International Application: ☒; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 300; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 21 Chargeable 21 Independent 1 multiple \_\_\_\_\_

Number of drawing Sheets: 0 Foreign language: \_\_\_\_\_

Oath/Declaration: ☒; signed ☒ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 01.15.05

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ☒; Annexes: ☒ entered ☒ not entered \_\_\_\_\_

Preliminary Amendment(s): ☒ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ☒ DATE: 4.20.05 2<sup>nd</sup> DATE \_\_\_\_\_

Request for Immediate Examination: ☒

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ☒ date \_\_\_\_\_; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ☒ Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 01.5.05 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 01.5.05

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: 4

Notice of Acceptance: 7.9.05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_

Extension of time: Number of months \_\_\_\_\_

# BEST AVAILABLE COPY

## UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 10/520342

Publication Date 1.22.04

Publication No. WO 2004/001603 PCT/RO/101

Copy of ISR EP, Copy of IPER EP

Assignee information: \_\_\_\_\_

Priority Info: Country ☒ No. 0216356.6 date 7.13.02 MORE (turn over)

Correspondence checked: 40256

Inventor Name checked: F Michael L SINCLAIR

Inventor Residence city: Cheshire, state and/or country GB citizenship: ENG

International Application No. PCT GB2003/003031 Language Eng

Copy of ISR: ✓

Copy in International Application: ☒; Translation: yes ☐ no ☐ spec. page no. \_\_\_\_\_

371 Filing Fees: 300; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 21 Chargeable 21 Independent 1 multiple \_\_\_\_\_

Number of drawing Sheets: 0 Foreign language: \_\_\_\_\_

Oath/Declaration: ✓; signed ✓ unsigned ☐ defective ☐ completed 1505

Small entity fee: \_\_\_\_\_; SME papers: yes ☐ no ☐

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ☒; Annexes: ☒ entered ☒ not entered ☐

Preliminary Amendment(s): ☒ date: 01.5.05; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: ☒

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ☒ date 1.5.05; Number of copies included 1

Power of Attorney: \_\_\_\_\_

Abstract: ☒ Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 1.5.05 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 1.05.05

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 7.9.05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_

Extension of time: Number of months \_\_\_\_\_